

Form to Enrol in a Victorian Government School

Rowville Primary School

Student Enrolment Information – 20____	OFFICE USE ONLY	CASES21 Student ID: _____
--	------------------------	---------------------------

The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.

If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a ❖ are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

STUDENT DETAILS

Surname:		
First Given Name:		
Second Given Name: <i>(if applicable)</i>		
Preferred First Name: <i>(if applicable)</i>		
❖ Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	<input type="checkbox"/> Self-described: _____	
Date of Birth: <i>(dd-mm-yyyy)</i>	____ / ____ / ____	Student Mobile Number: <i>(if applicable)</i>

Which year are you seeking to enrol this student?						
<input type="checkbox"/> Foundation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Intended start date:	
<input type="checkbox"/> Day 1, Term 1	<input type="checkbox"/> Other: <i>(dd-mm-yyyy)</i> ____ / ____ / ____

Are you seeking to enrol the student at this school full-time?		<input type="checkbox"/> Yes <i>(move to next section)</i>	<input type="checkbox"/> No
If No, how many days a week would the student be attending this school?			
If No, provide reason you are seeking part-time enrolment:			
If No, provide details for other schools:			
Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

No. & Street Address:	
Suburb:	
State:	Postcode:
How often does this student live at this address?	
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)
If the student lives at another address during the school week, please provide further details including the address, who they reside with and how many days a week the student lives there:	

Student Living Arrangements

What are the student's living arrangements?	
<input type="checkbox"/> Student lives with parents/carers together at the same residence	<input type="checkbox"/> Student lives with each parent/carer at different times
<input type="checkbox"/> Student lives with one parent/carer only	<input type="checkbox"/> State Arranged Out of Home Care*
<input type="checkbox"/> Informal care arrangement#	
<input type="checkbox"/> Homeless	
# / * If the student has a Case Manager, please provide their name and contact details below:	

* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements) and living in residential care units.

If the student is living in an informal care arrangement, please contact the school for an Informal Carer's Statutory Declaration, which must be completed.

Siblings

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care and permanent care.

Does the student have any siblings at this school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to next section)</i>
---	------------------------------	---

Name	Current Year Level	Reside at same residential address as the student
1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

Student Demographics

Does the student speak English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ Does the student speak a language other than English at home?		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify the main language spoken at home): _____		
❖ Is the student of Aboriginal or Torres Strait Islander origin?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
Is the student a young carer (providing support/care for other family member/s)? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance, or support to a family member with a mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction.

Student Residency Status

❖ In which country was the student born?		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____	
If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy)	____ / ____ / ____	
What is the student's residency status? *		
<input type="checkbox"/> Australian citizen – holds Australian Passport	<input type="checkbox"/> Permanent Resident (provide visa details below)	
<input type="checkbox"/> Australian citizen – eligible for Australian Passport	<input type="checkbox"/> Temporary Resident (provide visa details below)	
<input type="checkbox"/> New Zealand citizen	<input type="checkbox"/> COPY of VISA Provided	
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy)	____ / ____ / ____
Visa Statistical Code: (Required for some sub-classes)		

* Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship

Does the student hold a Bridging Visa?	<input type="checkbox"/> Yes (provide further detail below)	<input type="checkbox"/> No
If Yes, what was the student's previous visa?		
If Yes, what visa has the student applied for?		

International Student ID*: (Not required for exchange students)
--

* Note: If you are unsure of your International Student ID, please contact the International Education Division via phone (03 9084 8497) or email (international@education.vic.gov.au).

Students with Additional Learning and Support Needs

The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.

Does the student have additional needs and require support for learning?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
Please indicate any adjustments that may assist the student to participate at school:	

Has the student had a disability assessment before?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes (specify outcome): _____
Has the student received individualised disability funding before?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes (please specify): _____
Has any previous education provider prepared a documented plan to support the student's additional learning needs?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes (provide details): _____

Does the student have additional needs in any of the following areas?	Hearing:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Vision:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Speech/Language:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Physical:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Cognitive/Learning:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Social/Emotional:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Copy of reports provided	<input type="checkbox"/> No	<input type="checkbox"/> Yes - to _____ Date _____

Previous Education – Students Enrolling in Foundation for the First Time

Is the student attending a funded kindergarten program* in the year before Foundation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of kindergarten or early childhood service:	Group Name	

* Note: A kindergarten program that is funded and approved by the Victorian Government, has a play-based learning program, and is delivered by a qualified teacher. Funded kindergarten programs can be found at www.education.vic.gov.au/findaservice

Previous Education – Other

Has the student previously been enrolled at another school?	<input type="checkbox"/> Yes, in Victoria – Government School	<input type="checkbox"/> Yes, in Victoria – Catholic or Independent School
	<input type="checkbox"/> Yes, interstate	<input type="checkbox"/> Yes, overseas <input type="checkbox"/> No (move to next section)

Yes, I give permission for my child's previous school (Victorian Government school) to provide reports to Rowville Primary School.

Parent's/Carer's Signature:.....

If Yes, name of last school attended:	
If Yes, location of last school attended: (suburb/town/state/country)	
If Yes, date of attendance: (dd-mm-yyyy)	_____ / _____ / _____ to _____ / _____ / _____
If Yes, year levels of previous education:	

If the student studied overseas, what age did the student first start school?	
What was the language of the student's previous education?	

Period of interruption to education: (months/years)	Is the student repeating a year level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	------------------------------	-----------------------------

OFFICE USE ONLY

Child's Name sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No			Enrolment Date:
Year level:	Home Group:	Timetabling Group:	
House:			Student Email Address:
Australian residency confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sighted / provided			
Date of birth confirmed: <input type="checkbox"/> Yes – Birth certificate <input type="checkbox"/> Yes – Doctor certificate <input type="checkbox"/> Yes - Other <input type="checkbox"/> Not sighted / provided			Does the student have a Disability ID number? <input type="checkbox"/> Yes (please specify): _____ <input type="checkbox"/> No

For Foundation students, has a Transition Learning and Development Statement been provided?	<input type="checkbox"/> Yes, via Insight Assessment Platform	<input type="checkbox"/> Yes, direct from teacher/parent/carer	<input type="checkbox"/> No	<input type="checkbox"/> Pending
---	---	--	-----------------------------	----------------------------------

Does the student have a Victorian Student Number (VSN)?
<input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No, the student has never been issued a VSN

OFFICE USE ONLY

Additional notes regarding the student's enrolment: (e.g., note if student information or documentation is missing and yet to be provided to the school)

PARENT/CARER DETAILS

Enrolling Adult 1

Surname:		Title:	
First Given Name:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Self-described: _____

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 1 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 1 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 1's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____	

In which country was Adult 1 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 1 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 1:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student lives with Adult 1:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally		

Adult 1 Job Title:
Adult 1 Employer:

Is Adult 1 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions) must have working with children card</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ What is the highest year of primary or secondary school that Adult 1 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 1 has completed?	
<input type="checkbox"/> Bachelor degree or above	
<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult 1? Please select the appropriate current parental occupation group from the attached list on page 14.	
<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

Enrolling Adult 2

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Self-described: _____		

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 2 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 2 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 2's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____	

In which country was Adult 2 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 2 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 2:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student lives with Adult 2:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	

Adult 2 Job Title:
Adult 2 Employer:

Is Adult 2 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions) must have working with children card</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ What is the highest year of primary or secondary school Adult 2 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 2 has completed?	
<input type="checkbox"/> Bachelor degree or above	
<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult 2? Please select the appropriate current parental occupation group from the attached list on page 14.	
<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

Additional Parents/Carers

Are there additional parents/carers in the student's life? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No (move to next section)
Name of Adult 3:
Name of Adult 4:

If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 15-16. If required, you may request a separate form for additional parents/carers from the school. The separate form allows for the capture of four further parents/carers.

Emergency Contacts

Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

Name	Relationship <i>(Neighbour, Relative, Friend or Other)</i>	Telephone Contact	Language Spoken <i>(Write E for English)</i>
1			
2			
3			
4			

Correspondence Details

Send correspondence addressed to: (select one) <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither

Billing Details

You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extra-curricular items and activities. For more information, please refer to www.vic.gov.au/school-costs-and-fees.

Send bills to: (select one) <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Another person / address* (complete details below)	
Name to be used for all billing correspondence:	
No. & Street or PO Box	
Suburb:	
State:	Postcode:
Billing Email:	

* Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 15-16.

STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/carers unless the Department of Education is liable in negligence (liability is not automatic). In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

Student Doctor

Doctor's Name:	
Medical Centre:	
Street Address:	
Suburb:	Postcode:
State:	Telephone Number:

Asthma

Does the student have asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to next section)
Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan from your Doctor to the School	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student take medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:
Is the medication taken regularly by the student (preventive) or only in response to symptoms?	<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:	
Medication is usually administered by:	<input type="checkbox"/> Student	<input type="checkbox"/> Adult <input type="checkbox"/> Other: _____
Medication & Spacer is to be stored:	<input type="checkbox"/> with Student	<input type="checkbox"/> First Aid Room <input type="checkbox"/> Other: _____
Dosage time:	Reminder required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Conditions

Does the student have an allergy? If yes, please provide the school with an ASCIA Action Plan for Allergies from your Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Is the student at risk of anaphylaxis? If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis from your Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

If Yes to any of the above, please specify:

Symptoms:

If the student displays any of the symptoms above, please:					
Inform emergency contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Administer medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other medical action	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please specify: _____		

Medication

Does the student take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medications taken:		

Allied Health Support

Has the student previously accessed support from an allied health professional?	Occupational therapy:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Speech pathology:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Physiotherapy:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Exercise physiology:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Behaviour support:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Other:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify): _____
Copy of Reports Provided		<input type="checkbox"/> No	<input type="checkbox"/> Yes - to _____ Date

Student Dietary Requirements

Are there any foods that your child cannot eat for medical, cultural, or religious reasons? It is imperative that we have information of any dietary requirements for the Stephanie Alexander Kitchen Garden program.

Yes

No

If yes, please provide details:

OFFICE USE ONLY			
Immunisation Certificate received:	<input type="checkbox"/> Yes – Up to date	<input type="checkbox"/> Yes – Not up to date	<input type="checkbox"/> Not sighted / provided
Are there any Notice/s on the Immunisation History Statement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student have asthma, allergies or anaphylaxis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student need to take medication during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*Have the required medical forms been provided to the school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A – no medical conditions

*Note: Additional forms including student medical advice and condition forms can be found here: [Medical Advice Forms](#)

STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

Student Risk

The Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This form gives you the opportunity to provide information that will help facilitate the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student. The actions taken in response to the information you provide will help ensure the safety of this student, other students and staff.

To your knowledge, is there anything in the student's history or circumstances (including medical history not already provided) which might pose a risk of any type to this student, other students, or staff at this school?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to the next section)</i>
If Yes, please provide further detail:	

Court Orders and Other Care Arrangements *(previously referred to as an Access Alert)*

Is there an intervention order, parenting order or any other court order impacting the student?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to the next section)</i>

If Yes, then complete the following questions and present a current copy of the document to the school.

Court Order or other access document type:	<input type="checkbox"/> Family Law Order / Parenting Order	<input type="checkbox"/> Parenting Plan / Agreement	<input type="checkbox"/> Intervention Order
	<input type="checkbox"/> Child Protection Order	<input type="checkbox"/> DFFH Authorisation	<input type="checkbox"/> Other: _____
Please provide further details of the Court Order or other access documents, and any other safety concerns:			
End Date (if applicable): <i>(dd-mm-yyyy)</i>			

Activity Restrictions and Considerations

Are there any activities (organised by the school and/or third parties) that the student cannot participate in?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to the next section)</i>
If Yes, please provide further detail: (e.g. sport, excursions)	

OFFICE USE ONLY	
Current Court Order or other access document placed on student file?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT TRAVEL DETAILS

How will the student primarily travel to and from school?				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven by parent/carer	<input type="checkbox"/> Taxi / Ride Share
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self-Driven	<input type="checkbox"/> Other: _____
If the student catches public transport to school, what station/stop does their journey commence:				
OFFICE USE ONLY				
Is the student attending their nearest school?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Permission

HEAD LICE INSPECTION PROGRAM PERMISSION (PLEASE TICK)

I give consent for my child to participate in the school's head lice inspection program for the duration of their enrolment at Rowville Primary School.

I do not give consent for my child to participate in the school's head lice inspection program for the duration of their enrolment at Rowville Primary School.

PUBLICITY PERMISSION (PLEASE TICK)

I give permission for photographs/images and/or class details of my child to be used in school publications, newspaper articles, Compass, social media and on the school website page.

I do not give permission for photographs/images and/or class details of my child to be used in school publications, newspaper articles, Compass, social media and on the school website page.

Please note: - these permissions can be changed at anytime by giving your instruction in writing to the school office or emailing rowville.ps@education.vic.gov.au

Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx

DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

I/We confirm that:

- I am/We are the person/people named as completing this form.
- The information in this form is true and correct.
- I/We agree to authorise this form by electronic means with an electronic signature if submitting electronically.

Signature of Enrolling Adult: _____ Date: ____ / ____ / ____

Signature of Enrolling Adult (if applicable): _____ Date: ____ / ____ / ____

Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.

- Both parents/carers have completed and signed this form.
- Parents/carers are completing separate forms (schools can provide additional forms on request).
- One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.
- One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.
- There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.
- Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) _____

If there are any court orders about the child, please provide copies of those orders to the school with this form.

WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child. In some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer:** an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf

ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. This information is used for determining funding allocations to schools.

Group A: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat, and advise on problems; and teach others:

- Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
 - Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- Air/sea transport (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

Group B: Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proofreader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / associate professional
- Business / administration (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- Defence Forces senior Non-Commissioned Officer

Group C: Tradespeople, clerks and skilled office, sales and service staff

Tradespeople generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople are included in this group

Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales, and service staff:

- Office (secretary, personal assistant, desktop publishing operator, switchboard operator)
- Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- Service (aged / disabled / refuge / childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

Group D: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants, and other assistants:

- Office (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- Sales (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- Assistant / aide (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- Defence Forces - ranks below senior NCO not included above
- Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 3

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Self-described: _____		

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 3 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 3 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 3's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Student lives with Adult 3:
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally <input type="checkbox"/> Never

Adult 3 Job Title:
Adult 3 Employer:

Is Adult 3 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions) must have working with children card</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship to student:
<input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family <input type="checkbox"/> Relative <input type="checkbox"/> Friend
<input type="checkbox"/> Self <input type="checkbox"/> Other: _____

What is the highest year of primary or secondary school Adult 3 has completed?
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or equivalent or below / no schooling

In which country was Adult 3 born?
<input type="checkbox"/> Australia
<input type="checkbox"/> Other <i>(please specify):</i> _____
Does Adult 3 speak a language other than English at home?
<input type="checkbox"/> No, English only
<input type="checkbox"/> Yes <i>(please specify):</i> _____
Please indicate any additional languages spoken by Adult 3:
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No

What is the level of the highest qualification that Adult 3 has completed?
<input type="checkbox"/> Bachelor degree or above
<input type="checkbox"/> Advanced diploma / Diploma
<input type="checkbox"/> Certificate I to IV (including trade certificate)
<input type="checkbox"/> No non-school qualification
<ul style="list-style-type: none"> What is the occupation group of Adult 3? Please select the appropriate current parental occupation group from the attached list on page 14. If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.

Enrolling Adult 4

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Self-described: _____		

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

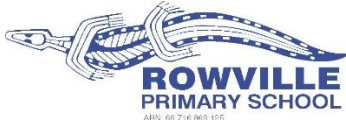
Can we contact Adult 4 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 4 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 4's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____	

In which country was Adult 4 born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
❖ Does Adult 4 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 4:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student lives with Adult 4:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	
Adult 4 Job Title:		
Adult 4 Employer:		

Is Adult 4 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions) must have working with children card</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult 4 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 4 has completed?	
<input type="checkbox"/> Bachelor degree or above	
<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult 4? Please select the appropriate current parental occupation group from the attached list on page 14.	
<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	



Paratea Drive,
P.O. Box 2439
Rowville, Victoria 3178 Australia
Telephone: 61 3 9764 1955
Facsimile: 61 3 9763 8658
Email: rowville.ps@education.vic.gov.au
DET International CRICOS Code - 00861K
Principal: Anne Babich

FOUNDATION STUDENTS ONLY

RELEASE OF INFORMATION

Please read Section 1 prior to completing the Release of Information Form.

Section 1

This form asks for your permission to collect information from the organisation named below concerning your child. The main purpose of collecting this information is so that Rowville Primary School can accurately assess your child's learning needs and allocate staff and resources to provide for their educational and support needs. All members of staff at Rowville Primary School and the Department of Education & Training are required by law to protect the information provided by this form.

STUDENT'S NAME:	DATE OF BIRTH:
ADDRESS:	
NAME OF EARLY LEARNING CENTRE (if applicable).....	
NAME OF EARLY LEARNING EDUCATOR.....	

I grant permission to disclose and deliver the requested information in the possession of my child's Early Learning Educator to teachers at Rowville Primary School.

All information received as a result of this form is considered confidential and cannot be re-released without proper authorisation.

Name of Parent/Carer:

Signature: Date:

DET International CRICOS Code - 00861K



Help for non-English speakers

If you need help to understand the information in this policy please contact Rowville Primary School on 9764 1955

School profile statement

At Rowville Primary School, we support the right of all members of the school community to access safe and inclusive learning environments, including digital technologies and online spaces. This form outlines the School's roles and responsibilities in supporting safe digital learning, as well as the expected behaviours we have of our students when using digital or online spaces.

We believe that explicitly teaching students about safe and responsible online behaviour is essential and is taught in partnership with parents/guardians. We request that parents/guardians work with us and encourage this behaviour at home.

At our School we:

- Have a **Student Safety, Engagement & Well-Being Policy** that outlines our School's values and expected student behaviour. This Policy includes online behaviours;
- Have programs in place to educate our students to be safe and responsible users of digital technologies;
- Educate our students about digital issues such as online privacy, intellectual property and copyright;
- Supervise and support students using digital technologies in the classroom;
- Use clear protocols and procedures to protect students working in online spaces. This includes reviewing the safety and appropriateness of online tools and communities, removing offensive content at earliest opportunity, and other measures;
 - See: [Duty of Care and Supervision](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx)
(www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx)
- Provide a filtered internet service to block inappropriate content. We acknowledge, however, that full protection from inappropriate content cannot be guaranteed
- Use online sites and digital tools that support students' learning;
- Address issues or incidents that have the potential to impact on the wellbeing of our students;
- Refer suspected illegal online acts to the relevant Law Enforcement authority for investigation;
- Support parents and caregivers to understand safe and responsible use of digital technologies and the strategies that can be implemented at home. The following resources provide current information from both the Department of Education & Training and The Children's eSafety Commission:
 - [Bullystoppers Parent Interactive Learning Modules](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx)
(www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx)
 - [iParent | Office of the Children's eSafety Commissioner](https://www.esafety.gov.au/education-resources/iparent)
(<https://www.esafety.gov.au/education-resources/iparent>)

Safe, responsible and behaviour

When I use digital technologies I **communicate respectfully** by:

- Always thinking and checking that what I write or post is polite and respectful
- Being kind to my friends and classmates and thinking about how the things I do or say online might make them feel
- Not participating in the sending/forwarding of mean, hurtful or bullying messages.

When I use digital technologies I **protect personal information** by:

- Being aware that my full name, photo, birthday, address and phone number is personal information and is not to be shared online
- Protecting my fellow student's personal information in the same way (as above)
- Protecting my passwords and not sharing them with anyone except my parent
- Only ever joining spaces with my parents or teacher's guidance and permission
- Never answering questions online that ask for my personal information
- Knowing not to post three or more pieces of identifiable information about myself.

When I use digital technologies I **respect myself and others** by:

- Thinking about what I post or share online
- Using spaces or sites that are appropriate, and if I am not sure I ask a trusted adult for help
- Speaking to a trusted adult if I see something that makes me feel upset, uncomfortable or if I need help
- Speaking to a trusted adult if someone is unkind to me or if I know someone else is upset or scared
- Not deliberately searching for something rude, violent or inappropriate
- Being careful and responsible with the equipment I use.
- Never taking photos, recording sound or video of others at school unless I have formal consent or it is part of an approved lesson.
- Obtaining appropriate (written) consent from individuals who appear in images or sound and video recordings before forwarding them to other people or posting/uploading them online.

When I use digital technologies I **agree to conduct myself in an ethical manner** by:

- Investigating the terms and conditions (e.g. age restrictions, parental consent requirements). If my understanding is unclear, I will seek further explanation from a trusted adult.
- Confirming that I meet the stated terms and conditions; completing the required registration processes with factual responses about my personal details.
- Handling ICT devices with care and notifying a teacher if it is damaged or requires attention.
- Abiding by copyright and intellectual property regulations. If necessary, I will request permission to use images, text, audio and video and cite references.
- Not interfering with network systems and security, the data of another user or attempting to log into the network with a user name or password of another student.
- Not downloading, installing or using unauthorised programs on school devices (including games)
- Keeping my device/s on silent during class times; and also abiding by the school's **Mobile Phone Policy**
- Acknowledging the school is not responsible for the loss of any digital equipment that students choose to bring to school.

One-to-One Device Program

The focus of the One-to-One Device program at Rowville Primary School is to provide additional tools and resources to the 21st Century Learner.

Excellence in education requires that technology be seamlessly integrated to enhance the educational program. Increasing access to technology is essential for the future and one of the learning tools of these 21st Century students is the One-to-One Device program, which sits alongside the general digital device program.

The individual use of devices is a way to empower students to maximise their full potential and to prepare them for further studies and the workplace.

IMPLEMENTATION

Year Three to Six students will have the opportunity to participate in a One-to-One Device program that is supported by a parent financial contribution.

Year Three and Four students will be supplied with personal, at school use laptops.

Year Five and Six students will be supplied with personal, at school use laptops which they will have the opportunity to take off the school grounds.

Parents/carers of new students who commence after term 1 can elect to participate in the program. A pro-rata per term lease contribution will apply. The warranty component of the contribution will be payable in full.

For families opting to not participate in the One-to-One Device program, Rowville Primary School will have alternative devices available which will provide students access to technology. These devices will be shared with other students. Students in Years Five and Six will not be able to take an alternative device off the school grounds.

The device (together with the power adapter) remains the property of Rowville Primary School and must be returned to Rowville Primary School on the last day of attendance for each school year or on final day of attendance at the school and/or at other times as requested.

The device issued to each student will stay with them from year to year.

Devices will be updated and maintained periodically and may be out of service at other times.

Devices are covered by an extended warranty, however any damage not covered under warranty repair may incur costs for repairs payable by the student's family.

Any damage deemed to be *Malicious* will result in full cost of repairs being paid for by the family, up to the cost of a replacement device.

Repairs and modifications to the supplied laptop may only be undertaken by Rowville Primary School, and its appointed service providers.

Full replacement cost of the laptop will be the responsibility of the family for breach of this condition.

All relevant year level teachers, in collaboration with students, will ensure devices are secure in the classroom trolley at other appropriate times such as extended absences from the classroom.

Take home devices (Years Five and Six) that are lost or stolen while in the care of the student will result in an Insurance claim with an excess of \$250 payable by the student's family.

Unauthorised and/or unlicensed software and files are not permitted to be used or loaded onto the device. Additional requested software may be installed at the discretion of Rowville Primary School on a needs basis.

Parent Responsibilities

Parents will be invited to a parent information session, which will be held at the start of the school year for new participants in the program prior to the devices being issued.

Parents and students will be required to indicate their acceptance of these conditions and their intention to participate in the program by paying their contribution to the program annually and signing the One-to-One Device agreement.

Parents will be given opportunity to pay for the device via instalments. If a payment plan falls into arrears the device will be replaced by a 'non-program' alternate device. Additionally, year five and six students will not be able to take the device home.

Student Responsibilities

Students will participate in a session familiarising them with the hardware and their expectations under the program.

It is expected that students are responsible for the use and security of their allocated device. Students in Years Five and Six are expected to ensure that their device is charged at home and the devices is to be brought to school each day.

The supplied power adaptor is to remain at the student's home. A minimal allocation of charging facilities will be available at school for these students.

A replacement power adapter can be purchased from the school.

Students in Years Three and Four will load the device into their classroom trolley at the end of each day to be secured and charged. Classroom teachers will ensure that all laptops are accounted for and that the trolleys are locked at the end of each day.

Whilst Laptops are in transit between school and home, the supplied case/cover must be used at all times and ideally, for the device and student's security, it should then be placed in the student's school bag.

If a student does not have their case, their laptop will be locked in the classroom laptop trolley overnight until the case is presented.

Serious breaches of these conditions will result in the loss of privileges.

Policy to be retained by parents/carers and Acceptable Use Agreement (overpage) is to be completed for all students and returned to school.

Digital Technologies Acceptable Use Agreement

This agreement is to be completed and returned to Rowville Primary School where it will be kept on file for the duration of each student's enrolment.



This Acceptable Use Agreement applies when I am using digital technologies at school, at home, during school excursions, camps and extra-curricula activities. I can only use the school Digital Technology equipment when my parents and I have signed the agreement and returned it to school.

By signing this document, I have acknowledged that I understand and agree to comply with the terms of the Digital Technologies Policy and Agreement and expected standards of behaviour set out within this document. I understand that there are consequences for my actions if I do not adhere to the above.

Date: / /20

Participating in **One-to-One Device Program** for Years 3, 4, 5 & 6 and agree to the responsibilities above

Student's Name: _____ **Grade** _____

Student's Signature (Yrs 3-6): _____

Parent / Carer A Signature: _____

Name of Parent / Carer A: _____

Contact Telephone Number: _____

Parent / Carer B Signature: _____

Name of Parent / Carer B: _____

Contact Telephone Number: _____

For further support with online issues students can call Kids Helpline on 1800 55 1800.
Parents/carers call Parentline 13 22 89

POLICY REVIEW AND APPROVAL

Policy last reviewed	26 th August 2020
Consultation	School Council
Approved by	Principal
Next scheduled review date	July 2023